

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) FILED

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? 

Yes 

No

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

2 AM

COMMITTEE INFORMATION	TTO		
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name of SNYDER ELECTION COMMITTEE	me TATE 90	RUCTIONS F	SPECIAL INST
2 According or Aphroxistad Name (if and	lephone Number	CERTAIN POL	
personal fundamental formatter and the second fundamental fundamen	100 25 1	bries etrivetels i	le of relique neducate
4. Mailing Address (address where all campaign finance correspondence is received) ☐ Chec	ck if this is a nev	v address	T ned stom becase T ned stom becase T hotter principal at
5. City, State, ZIP Code	B. Party Affiliation	n (if applicable)	Andrew Control
NOBLESVILLE, IN. 46061	REP	UBLICA	1N
CANDIDATE INFORMATION (For Candidate's Con	nmittees Only	)	
7. Full Name of Candidate (include any nickname)	B. Party Affiliation	n or If Independe	nt Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.)	0. County of Re	sidence	AN AMENDMENT
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONL
11. Check one:	-3) Check box	Check one:	ASCAMBASA MARAMA
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Org	ganization)	Post-Cor	nvention
12. Reporting Period:	C	OLUMN A	COLUMN B
From: 1-1-05 Through: 12-31-05		is Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	100	9.48	
14. Cash on hand and investments January 1, current year.			1009-48
CONTRIBUTIONS AND RECEIPTS	***		-7.14
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			THE STATE OF
15a. Itemized (use Schedule A)		0	0
15b. Uniternized	Brooks from palace	0	0
15c. Add lines 15a and 15b in both columns SUBTOT		0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	AL 100	9-48	1009-48
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		1 00	01120
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	96	1.32	961-32
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on contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly port commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the indiana



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts <u>totaled on ITEM 15a</u> of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Contributor's Occupation (if required)	lauber spale san outer to	/	der Ins. occupable	THE SMOTTARDS
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER		
	s used for this schedule	38	
Page	of	10	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FUL FULL MAILING AT (street, number, city, st	DDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	se as the entry in Column A.	Other Receipts/ Interest Loan Misc (specify)	the ent	ear-to-date. of each calend	ipts calendar (
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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD		EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Type of Question: Statewide Local Position: Supported Opposed		S REST OA BULDAN DUN EHAN STYEN
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A COLUMN B DATE OF CUMULATIVE PERIOD YEAR-TO-DATE EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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